

To: **Technology Center**
Facsimile Number: (703) 872-9306

Total Pages Sent: 15

From: **Robert N. Rountree**
Robert N. Rountree, LLC
Facsimile: 719-783-0990
Phone: 719-783-0990

RECEIVED
CENTRAL FAX CENTER

FEB 02 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of: **Schmidt et al.**Docket Number: **TI-31284**Serial No.: **09/777,203**Art Unit: **2637**Filed: **02/05/2001**Examiner: **Q. Ghulamali**For: **WIRELESS COMMUNICATIONS WITH EFFICIENT CHANNEL CODING**

**FEE
ONLY**

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being transmitted by facsimile to the U.S. Patent and Trademark Office at (703) 872-9306 on the date shown below:

Robert N. Rountree
Robert N. Rountree, Reg. No. 39,347

February 2, 2005
Date

FACSIMILE COVER SHEET

<input checked="" type="checkbox"/> FACSIMILE COVER SHEET	<input checked="" type="checkbox"/> AMENDMENT (13 Pages)
<input type="checkbox"/> NEW APPLICATION	<input checked="" type="checkbox"/> EOT (1 Page)
<input type="checkbox"/> DECLARATION (# Pages)	<input type="checkbox"/> NOTICE OF APPEAL (# Pages)
<input type="checkbox"/> ASSIGNMENT (# Pages)	<input type="checkbox"/> APPEAL (# Pages)
<input type="checkbox"/> FORMAL DRAWINGS	<input type="checkbox"/> FEE TRANSMITTAL (# Page)
<input type="checkbox"/> INFORMAL DRAWINGS	<input type="checkbox"/> REPLY BRIEF (IN TRIPLICATE) (# Pages)
<input type="checkbox"/> CONTINUATION APP'N (# Pages)	
<input type="checkbox"/> DIVISIONAL APP'N	
NAME OF INVENTOR(S): Schmidt et al.	
RECEIPT DATE & SERIAL NO.: 09/777,203	
FILING DATE: February 5, 2001	
TITLE OF INVENTION: WIRELESS COMMUNICATIONS WITH EFFICIENT CHANNEL CODING	
TI FILE NO.: TI-31284	DEPOSIT ACCT. NO.: 20-0668
DATE FAXED: February 2, 2005	
DUE: December 3, 2004	
ATTY/SECY: Robert N. Rountree	

This facsimile is intended only for the use of the address named and contains legally privileged and/or confidential information. If you are not the intended recipient of this telecopy, you are hereby notified that any dissemination, distribution, copying or use of this communication is strictly prohibited. Applicable privileges are not waived by virtue of the document having been transmitted by Facsimile. Any misdirected facsimiles should be returned to the sender by mail at the address indicated on this cover sheet.

Robert N. Rountree, LLC
70360 Highway 69
Cotopaxi, CO 81223

04/06/2005 LSPRUELL 000102 200668
01 FC:1252 450.000A
02 FC:1201 400.000A
03 FC:1202 500.000A

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

09/777203

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	22	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	22 minus 20 =	2
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	32	22	= 10
Independent	6	4	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=		OR	X\$18=	36
X40=		OR	X80=	80
+135=		OR	+270=	
TOTAL		OR	TOTAL	826

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	500 ⁰⁰
X40=		OR	X80=	400 ⁰⁰
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	900 ⁰⁰

pd.

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			=
Independent			=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			=
Independent			=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

BEST AVAILABLE COPY